



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From:

1-1-12 to 7-29-12

1. Committee I.D. Number

150579

4. Candidate Last Name

DAVIS

First Name

Joseph

M.I.

F.

4a. Office Sought Including District # or Community Served (if applicable)

COUNTY Commissioner 4TH DISTRICT

4b. County of Residence

BAY

2. Committee Name

Joe Davis For County Commissioner

5. Committee's Mailing Address

909 N WENONA

BAY CITY, MI 48706

Area Code and Phone 989-860-1933

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

Laurie Tarkowski

3390 E Beaver Rd.

BAY CITY, MI 48706

Area Code & Phone 989-577-0254

7. Treasurer's Business Address

3390 E Beaver Rd.

BAY CITY, MI 48706

Area Code and Phone

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Joe Davis

909 N. WENONA

BAY CITY, MI 48706

Area Code and Phone 989-860-1933

9. TYPE OF STATEMENT

9a. ☒ Pre-Election

OR

9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary

☐ General

☐ Convention

☐ School

☐ Special

☐ Caucus

Date of Election, Convention or Caucus

8-7-12

9c. ☐ Annual Statement (Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper

Laurie Tarkowski
Type or Print Name

Signature

Date

7-26-12

Candidate

Joe Davis

Type or Print Name

Signature

Date

7/26/12



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150579

2. Committee Name Joe Davis For County Commissioner

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>2,415</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>2,415</u>	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)			
	(4.) \$	<u>—</u>	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>2,415</u>	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 6)			
	(6.) \$	<u>475.00</u>	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)			
	(7.) \$	<u>—</u>	(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>678.40</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>—</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>—</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>678.40</u>	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>—</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>—</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>—</u>	(24.) \$
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>—</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>—</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>2,195.85</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>2,415.00</u>	
	(15.) = \$	<u>4,610.85</u>	
15. SUBTOTAL Add lines 13 and 14			
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>678.40</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>3,932.45</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150579
2. Committee Name Joe Davis For County Commission

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: <u>MARK JANER</u> <u>1701 Mosher St.</u> <u>BAY CITY, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/26/12</u>	\$ <u>50.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>ALVIN ORTNER</u> <u>11405 KING RD.</u> <u>FRANKMOUTH, MI 48734</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/26/12</u>	\$ <u>50.</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: <u>Michael RIVARD</u> <u>840 N. GARFIELD RD.</u> <u>LINWOOD, MI 48634</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/26/12</u>	\$ <u>50.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: <u>LYNN RIVARD</u> <u>840 N GARFIELD RD.</u> <u>LINWOOD, MI 48634</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4-26-12</u>	\$ <u>50.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

200.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150579
2. Committee Name Joe Davis for County Commissioner

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4-26-12</u></p> <p>Name & Address: <u>Terry Kelly</u> <u>164 Bay Shore Dr</u> <u>BAY CITY MI 48706</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>501.⁰⁰</u>	Click Here for Memo Itemization
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4-26-12</u></p> <p>Name & Address: <u>CHRIS SHANNON</u> <u>2215 CARROLL RD.</u> <u>BAY CITY, MI 48708</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>201.⁰⁰</u>	Click Here for Memo Itemization
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4-26-12</u></p> <p>Name & Address: <u>ARON BAYLI'S</u> <u>1332 KINN RD.</u> <u>MUNSTER MI 48747</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>501.⁰⁰</u>	Click Here for Memo Itemization
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4-26-12</u></p> <p>Name & Address: <u>ROBERT HORN</u> <u>414 N. Cobish Ave</u> <u>BAY CITY, MI 48706</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>501.⁰⁰</u>	Click Here for Memo Itemization

Page Subtotal

1701.⁰⁰

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150579
2. Committee Name Joe Davis For County Commissioner

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4-26-12</u>	
Name & Address: <u>Tim Hunt</u> <u>204 Brookstone Circle</u> <u>Dewitt, MI 48820</u>		\$ <u>50.⁰⁰</u>	\$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4-26-12</u>	
Name & Address: <u>Allen Kennedy</u> <u>3140 Dillon Rd.</u> <u>Flushing, MI 48433</u>		\$ <u>50.⁰⁰</u>	\$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4-26-12</u>	
Name & Address: <u>Vaughn Beglich</u> <u>5353 LORRAINE CT.</u> <u>BAY CITY, MI 48706</u>		\$ <u>50.⁰⁰</u>	\$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4-26-12</u>	
Name & Address: <u>MARCUS GARSKE</u> <u>504 MARSTON ST.</u> <u>BAY CITY, MI 48706</u>		\$ <u>50.⁰⁰</u>	\$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

200.00

Grand Total of All Schedules 1A
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line 3a of Summary
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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150579
2. Committee Name Joe Davis For County Commissioner

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4-26-12</u>	
Name & Address: <u>DAVID DITTENBER</u> <u>12813 Hotchkiss RD.</u> <u>Freeland MI 48623</u>		\$ <u>250.00</u>	\$
5. If over \$100.00 cumulative, please provide: Occupation <u>Sales</u> Employer <u>Facility Management Consultants International</u> Business Address <u>812 Saginaw St. Bay City MI 48708</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4-26-12</u>	
Name & Address: <u>W. THAD RATHKAMP</u> <u>10735 Rogers Rd.</u> <u>Freeland MI 48623</u>		\$ <u>250.00</u>	\$
5. If over \$100.00 cumulative, please provide: Occupation <u>DR. MD</u> Employer <u>SELF</u> Business Address <u>7340 Midland Rd. Freeland MI 48623</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4-26-12</u>	
Name & Address: <u>DENNIS POIRIER SR.</u> <u>1265 ORCHARD RD.</u> <u>Essexville MI 48732</u>		\$ <u>50.00</u>	\$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4-26-12</u>	
Name & Address: <u>KEN GRZYGORCZYK</u> <u>2889 QUEEN ANNES CT.</u> <u>Bay City MI 48706</u>		\$ <u>25.00</u>	\$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

575.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150579
2. Committee Name Joe Davis for County Commission

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4-26-12</u> Name & Address: <u>Joel Gougeon</u> <u>241 Donahue Bch</u> <u>BAY CITY, MI 48706</u>		\$ <u>500.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Lobbyist</u> Employer <u>JDGougeon & Assoc. Inc</u> Business Address <u>241 Donahue Bch BAY CITY, MI 48706</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4-26-12</u> Name & Address: <u>PAT O'BRIAN</u> <u>4687 4 Mile Rd.</u> <u>BAY CITY, MI 48706</u>		\$ <u>100.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNERS EMBROIDER</u> Employer <u>Self</u> Business Address <u>1655 Tech Dr BAY CITY MI 48706</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4-26-12</u> Name & Address: <u>Thomas WASSA</u> <u>1919 Circle DR.</u> <u>Fairgrove, MI 48733</u>		\$ <u>20.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4-26-12</u> Name & Address: <u>Matt Durussel</u> <u>2879 Queen Annes Ct.</u> <u>BAY CITY, MI 48706</u>		\$ <u>250.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Inv's Agent</u> Employer <u>Durussel Inv's Inc</u> Business Address <u>10 E. Mungw Rd. Mungw MI 48747</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

870.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number _____

2. Committee Name _____

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4-26-12</u></p> <p>Name & Address: <u>Joe Janicke</u> <u>525 Linwood Rd.</u> <u>Linwood MI 48634</u></p> <p>5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization</p> <p>Occupation <u>owner/mgr.</u> Employer <u>Bay View Foods</u></p> <p>Business Address <u>2628 N. Huron Rd Pinconning, MI 48650</u></p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>250.00</u>	\$ _____
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4-26-12</u></p> <p>Name & Address: <u>Bob Bloenk</u> <u>1111 N. WATER ST</u> <u>BAY CITY MI 48708</u></p> <p>5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization</p> <p>Occupation <u>Retired</u> Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ _____
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4-26-12</u></p> <p>Name & Address: <u>HARLAN HALVORSEN</u> <u>2200 NEITHAMMA DR</u> <u>BAY CITY, MI 48706</u></p> <p>5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>50.00</u>	\$ _____
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name & Address: _____</p> <p>5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ _____	\$ _____

Page Subtotal

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

400.00
2415.00
Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 150579

CANDIDATE COMMITTEE

2. Committee Name Joe Davis For County Commissioner

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 Name & Address: <u>Tony Deske</u> <u>1809 1/2 Fifth St.</u> <u>Bay City, MI 48706</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: <u>Old City Hall</u> <u>812 Saginaw St.</u> <u>Bay City, MI 48708</u> <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Food & Veg Tray, Pop, etc.</u> 5. Date Of Receipt: <u>4-26-12</u> 6. Vendor Name & Address: <u>Old City Hall</u> <u>812 Saginaw St.</u> <u>Bay City, MI 48708</u>	\$ <u>475.⁰⁰</u>	
Contribution # 2 Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$	Click Here for Memo Itemization
Contribution # 3 Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$	Click Here for Memo Itemization

Page Subtotal

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total
on line 6 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150579
2. Committee Name Joe Davis For County Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>SAWICK & SONS.</u> Address <u>LAFAYETTE AVE.</u> <u>DETROIT MI.</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>YARD SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-20-12</u> Date	<u>\$ 678.40</u>
Expenditure #2 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	_____ \$
Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	_____ \$
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	_____ \$
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	_____ \$

Subtotal this page

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

678.40
Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150579
2. Committee Name Joe Davis For County Commissioner

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>4-26-12</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>24</u>	5. Type of Fund Raising Activity <u>Meet & Greet</u>	6. Address and Name (If any) of the place where the activity was held. <u>900 KIRTH ST</u> <u>BAY CITY, MI</u> <u>Bed & Breakfast</u> <input type="checkbox"/> Private Residence
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7. Total Contributions 2,415
8. Other Receipts 475.00 in kind
9. Gross Receipts (Add lines 7 and 8) 2,890
10. Total Cost of Event 475.00
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.